

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 231

STATE FILE NUMBER

FILED JUN 19 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre | | c. CITY OR TOWN Bonne Terre | |
| Length of stay in 1b 17 years | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2. | | d. STREET ADDRESS (If outside, give location) Rt. 2. | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Lawrence Joseph Pratte | | | 4. DATE OF DEATH Month June Day 7 Year 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/2/1876 | 9. AGE (last birthday) 86 | 10. IF UNDER 1 YEAR Months 7 Days 5 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining | | 10b. KIND OF BUSINESS OR INDUSTRY Lead Mining | | 11. BIRTHPLACE (City and state or country) Bonne Terre, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Elias Pratte | | | |
| 13b. MOTHER'S MAIDEN NAME Sarah Ellen Richardson | | 14. NAME OF HUSBAND OR WIFE Ada Agnes Roberts | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (Perry Pratte, Rt. 2, Bonne Terre, Mo) | | 17. INFORMANT Address | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failure Arteriosclerotic heart disease Interval between ONSET and DEATH 2 days unknown | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile psychosis 1 yr. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo. | |
| 21. I attended the deceased from June 5 '63 to June 7 '63 and last saw him alive on June 7, 1963 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE J. L. Fisher M.D. | |
| 22b. ADDRESS Desloge, Mo. | | 22c. DATE SIGNED 6-9-63 | |

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|--|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/9/63 | 23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery | 23d. LOCATION (City, town, or county) Bonne Terre, Missouri |
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| 24. FUNERAL DIRECTOR Dale Sparks Bonne Terre, Mo. | 25. DATE RECD. BY LOCAL REG. June 9, 1963 | 26. REGISTRAR'S SIGNATURE Ethel Rudloff |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0940
2 0940
3
4 0
5 2
6
7 0
8 0
9 200
10
11
12 90-0
13 1-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.